"FEE ADDRESS" INDICATION FORM

Address to:
    Mail Stop M Correspondence
    Commissioner for Patents
    P.O. Box 1450
    Alexandria, VA 22313-1450

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

[X]   Customer Number   34627

         OR

[ ]   The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
	09/622,147

Completed by (Check one:)

[ ] Applicant/Inventor

[X] Attorney or Agent of record   31,800
                                   (Reg. No.)

[ ] Assignee of record of the entire interest. See
     37 CFR 3.71. Statement under 37 CFR 3.73(b)
     is enclosed. (Form PTO/SB/96)

[ ] Assignee recorded at Reel _____ Frame _____

/E. Russell Tarleton/
Signature

E. Russell Tarleton
Typed or printed name

206-622-4900
Requester's telephone number

December 27, 2007
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[X] *Total of 1 forms are submitted.

SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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